

<b>REQUEST FOR QUOTATION</b> (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET ASIDE		PAGE 1 OF 33
1. REQUEST NO. DTFR53-06-R-00002		2. DATE ISSUED 06/09/2006		3. REQUISITION/PURCHASE REQUEST NO. 210631601
		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1		RATING
5a. ISSUED BY Federal Railroad Administration Office of Acq. and Grant Services Stop 50 1120 Vermont Avenue NW Washington DC 20590			6. DELIVERY BY (Date) 15 Days After Award	
			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
			9. DESTINATION	
5b. FOR INFORMATION CALL: (No collect calls)			a. NAME OF CONSIGNEE FRA	
NAME Peter Lee		TELEPHONE NUMBER AREA CODE 202 NUMBER 493-6080		b. STREET ADDRESS Department of Transportation Federal Railroad Administration Office of Human Resources 1120 Vermont Avenue NW Mail Stop3
8. TO: a. NAME		b. COMPANY		c. CITY Washington
c. STREET ADDRESS		d. CITY		e. ZIP CODE 20590
d. CITY		e. STATE		f. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 07/07/2006 1230 ES		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Executive Coaches				
	Executive Coaches Base Year				
0002	Executive Coaches Option I				
0003	Executive Coaches Option II				
0004	Executive Coaches Option III				
0005	Executive Coaches Option IV				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached			
13. NAME AND ADDRESS OF QUOTER		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER			
b. STREET ADDRESS		16. SIGNER	
c. COUNTY		a. NAME (Type or print)	b. TELEPHONE
			AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)
			NUMBER